



Nepal

Year 2 Annual Report
For the period: 1 October 2005 – 31 September 2006
Submitted: 31 October 2006

Eastern Region Family Planning Expansion Project

Dhankuta, Panchthar, Okhaldhunga, Udaypur, Terahthum and Sankhuwasabha Districts
Eastern Development Region, Nepal
October 1, 2004 – September 30, 2009

PVO Child Survival and Health Grants Program
XX Expanded Impact Category
Cooperative Agreement No:
GHS-A-00-04-00012-00

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Annual Report Contributors

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Acronyms Used in the report

ADRA	Adventist Development and Relief Agency
BCC	Behavior Change Communication
COPE	Client Oriented Providers Efficient
CSSA	Child Survival Sustainability Assessment
DHO	District Health Officer/District Health Officer
DIP	Detailed Implementation Plan
DRHCC	District Reproductive Health Coordination Committee
ERFPEP	Eastern Region Family Planning Expansion Project
FCHV	Female Community Health Volunteer
FP	Family Planning
HFMC	Health Facility Management Committee
INGO	International Non-Governmental Organizations
IR	Intermediate Results
IUCD	Intra Uterine Contraceptive Devices
JRC	Junior Red Cross circle
JRC/YRC	Youth Red Cross
KZH	Koshi Zonal Hospital
MAP	Men-As-Partner
NDHS	Nepal Demographic Health Survey
NFHP	Nepal Family Health Program
NGO	Non Governmental Organizations
NHEICC	National Health Education, Information and Communication Center
NHTC	National Health Training Center
NRCS	Nepal Red Cross Society
OCHA	Office for the Coordination of Humanitarian Affairs
OR	Operations Research
QA	Quality Assurance
QIQ	Quick Investigation of Quality
RHD	Regional Health Directorate
RHTC	Regional Health Training Center
SMIP	Safe Motherhood Innovation Project
TA	Technical Assistance
TOT	Training of Trainers

UNFPA	United Nations Fund for Population Activity
USAID	United States Agency for International Development
VDC	Village Development Committee
VSC	Voluntary Surgical Contraception

Executive Summary

This report represents a review of the second year of the Eastern Region Family Planning Expansion Project (ERFPEP), which encompasses the period of 1st October 2005 to 30th September 2006. The second year of the project has been a very important period in the accomplishment of the scheduled activities of community mobilization, Family Planning (FP) training and Quality Assurance (QA).

The community mobilization activities accomplished during this second year include: program orientation to the NRCS volunteers and staff, district level planning meeting, HFMC TOT and HFMC capacity building training, Youth/JRC training, Reactivation of DRHCC, Formation and training of MAP groups, PE TOT and the PE training.

The family planning training component of the project has been very successful. The FP service site at KZH has been equipped with instruments donated by ADRA. Three sessions of Minilap, four sessions of IUCD, two sessions of Norplant and two sessions of NSV trainings have been completed during the second year. Due to the improvement of quality FP services, the client flow has also increased at the service site.

During this second year, the project has been able to conduct a Quick Investigation of Quality (QIQ) training followed by an assessment at some of the study sites. The Client Oriented Provider Efficient (COPE) Training of Trainers (TOT) has been conducted followed by COPE training at some of the health facilities of the project sites. The project team has been able to finalize the draft OR proposal and has reviewed, translated and field tested three of the QIQ study tools (Observation, Facility Audit and Client Exit Interview).

The Men as Partner (MAP), COPE TOT, Behavior Change Communication (BCC) TOT and BCC refresher training has been conducted in support of the Nepal Family Health Program (NFHP). The main objective of the training was to develop capacity to conduct further training on MAP and COPE and plan for BCC strategies in the field to improvement the quality of FP services.

Almost all the planned activities have been accomplished during this second year of the project and there has been minimal delay in planned activities. Therefore, it has been a successful year for the implementation of community mobilization activities, FP Training and Quality Assurance activities.

1. Key Project Achievements

The implementation of project activities such as community mobilization activities, FP training, and quality assurance activities has been very important to the project this year. The team feels that their success has been due to good partnerships, coordination and collaboration with key partners and stakeholders. Additionally, the project staff has displayed a strong commitment to capacity building, learning from the experiences of partners and consulting with experts. The key achievements of the second year of the project are discussed in two major ways; firstly in table form focusing on the activities in the work plan and then in narrative form discussing the achievements for the project in the second year. Some of the major achievements of the project are as follows:

1.1 Presentation of achievements in numerical form

The ERFPEP project's intermediate results are presented in the following table in numerical format in order to track completed achievements against targeted community mobilization activities, FP Training and Quality Assurance Activities.

a) IR1 Increased knowledge and interest in family planning through community mobilization

	Activities	Units	Annual Target	FY06 Achievement	Deviation	Cumulative Achievement	Comments
1	Capacity building training/orientation in community mobilization for existing NRCS, staff chapters and volunteers (NRCS working committee, chapter, sub-chapter)	persons	245	260	+15	260	NRCS sub chapters, local I/NGOs and government line agencies included to increase the awareness.
2	District level stakeholders planning meeting: NRCS, ADRA, DHO, DDC, DEO	Group	6	6	0	6	
3	TOT to government and NGO/NRCS staff on HFMC capacity building training 5 days(HMG,NGO,NRCS)	persons	24	24	0	24	
4	Refresher TOT- 3 days (Capacity building)	persons	0	0	0	0	It was decided that this activity will no longer be required.
5	Capacity building training Health Facility Management Committee(HFMC) 3 days training	HFMC	78	78	0	78	
6	Refresher training to Health facility management committee(HFMC) 2 days	HFMC	0	0	0	0	Delayed for next FY due to delays in conducting basic training during FY06.
7	Sponsor Quarterly Meeting of HFMC- 1 day	HF	78	66	12	66	Due to delay in HFMC training the meeting could not be conducted as planned and will carry over to FY07. However, meetings continue in the SMIP districts.
8	Sponsor Annual Meeting of HFMC- 1 day	HF	78	0	78	0	Due to delay in HFMC training the meeting could not be conducted as planned and will carry over to FY07. However, meetings continue in the SMIP districts.
9	Conduct Female Community health Volunteer (FCHV)	persons	1505	1479	26	1479	Due to the drop out of FCHVs in the VDCs.

	review meeting- 1 day a year					
10	Establish Men's Groups and provide Family Planning and reproductive health (RH) training- 3 days/10 Groups/districts	Group	6	6	0	6
11	Quarterly MAP meetings; 1 Day/3 times per year (10 groups per district)	Times	18	5	13	5
						Due to delay in formation of MAP groups
12	Establish Youth/JRC groups and provide training; 25/district	Group	80	80	0	80
13	Support and mobilize youth groups, FCHVs in carrying out FCHV day, Condom day, AIDS day, street drama and other social mobilization activities (each district to plan their own activities)	Event	0	74	0	74
						As per need
14	Provide orientation to Health Teachers on FP/health education (300)-1 day (refresher in year 3&4)	teachers	300	285	15	285
						Actual number of health teachers is less than the annual target.
15	TOT on Peer Educator training (1 group- 3 participants/district) - 5 days	educator	18	18	0	18
16	Peer Educators training (total 300)- 1 day training	educator	150	153	+3	153
17	Participatory Learning and Action (PLA) training (Youth groups)-4 days (60 for 6 districts)	people	30	20	10	20
						One training session in PLA was cancelled due to bad weather in Okhaldhunga district and flight cancellation.
18	Reactivate and strengthen District Reproductive Health Committee (DRHCC)	DRHCC	0	7		7
						On-going activities
19	Projects' Annual Review Meeting (Regional level)	Times	1	1	0	1
20	Project Annual Review Meeting of NRCS with ADRA, DHO, PHO (1 time in each district)	Times	6	6	0	6
21	Reporting; Monthly, Quarterly, and Annually (Statistical and Narrative)	Reports	4	4	0	4
						Submitted as per plan

b) IR2 Increased access to FP services through improved public health sector FP training and management systems

S.N.	Activities	Units	Annual Target	Annual Achievement	Comments
1	IUCD Training	session	5	4	NHTC only carried out 4 trainings.
2	Norplant Training	session	5	2	NHTC only carried out 2 trainings.
3	Vasectomy Training	session	5	2	NHTC only carried out 2

					trainings.
4	Minilap Training	session	3	3	
5	STI Case Management Training	session	2	1	Most of the participants were trained during the first training.
6	FP Refresher Training for VHW/MCHW	session	2	2	
7	COFP counseling Training	session	5	2	The government organized only two batches in FY06

c) IR3. Improved quality of FP services through quality assurance activities with service providers and communities

S.N.	Activities	Units	Annual Target	Annual Achievement	Comments
1	COPE TOT	session	1	1	
2	COPE Training	session	1	3	
3	QIQ assessment	HF	As per sample (36 HF)	2	QIQ is continues and is expected to be complete on or before December 2006

The COPE training was conducted in 3 Health Facilities (HF) during FY06. All HF staff participated in the COPE training, which helped them by providing a forum to exchange their ideas and experiences. The HF staff realized the importance of using the self-assessment and client exit interview tools, which helps to improve the quality of FP services in their health facility as well as at the community level. After implementation of the 1st COPE, support staff initiated the construction of an incinerator to ensure proper disposal of waste material. Before conducting the COPE, the QIQ was done at those health facilities to assess the quality of FP services by using the standard QIQ tools.

1.2 Established partnership with Nepal Red Cross Society (NRCS)

Orientation workshop to NRCS staff and volunteers:

In December 2005, an orientation workshop was held for the NRCS staff and volunteers. From each and every project district, the newly appointed project officers, project administration and finance officers and District Chapter Chairpersons and Coordinators participated in the workshop. This was the first activity of the community mobilization activities and project staff shared plans for project-related activities with the NRCS team and the main objective of the workshop was to share about project-related activities and cross cutting issues with the NRCS team and develop implementation strategies in the districts.

NRCS implemented community mobilization activities:

During FY06 community mobilization activities through the NRCS were implemented. The majority of the activities as per plan were accomplished despite disturbances due to the insecure political environment in the nation. Major activities accomplished by the NRCS include: Health facility management committee TOT to the DHO, NRCS and ADRA staff followed by capacity building training to the HFMC by the personnel who had been trained. These activities have been a good forum to promote family planning services in the community. Similarly, the Peer Educator TOT followed by the formation and training of peer educators is another important community mobilization activity for this period.

NRCS also completed program orientation to its staff and volunteers of district chapters, sub chapters,

junior Red Cross circles, and youth. As well, they supported the implementation of awareness raising activities such as drama and song competitions during national/international days. This has been a very important gateway to promote the FP message to the community. The district level planning meeting with district level stakeholders was a very useful forum to go-ahead with the project activities and engage their support.

The NRCS has been conducting DRHCC meetings regularly during which discussion, advocacy for FP/RH and problem solving for any health related problems and issues take place. The review meeting with the Female Community Health Volunteers (FCHVs), formation and training of Men as Partner (MAP) groups, formation and training of JRC/YRC groups, training of school health teachers, and mobilization of youth groups have played a vital role in promoting FP messages in the community.

Most of the trained community groups such as the HFMC, JRC/YRC, FCHVs, Peer Educators, MAP groups and school health teachers have made their group action plans appropriate to the community in which they will be implemented. The NRCS project staff will be responsible for following up the implementation of these action plans through regular monitoring visits and on-the-spot mentoring. Capacity building training has encouraged members of local health facility management committees (HFMCs) to take ownership in the management and utilization of health services including Family planning services. One beneficiary's response has appears below:

Beneficiary's response:

"I am Desh Kumar Nemwang, live in Embung VDC-5, Panchthar district. I am 56 years old and the former VDC chairman as well. I spent 25 years working as a representative of local governance in this VDC. Currently, I am a member of Embung Area Health Post HFMC. For the purpose of developing infrastructure, I have contributed own 5 ropanies land for health posts. I didn't have the knowledge and skill required to support the proper management of HFMC and mobilization of local resources for the health facility. I completed a 3 day training on capacity building for HFMC. This training made me realize that there are many issues and challenges yet to address in order to make our health post's service system strong. If such training was conducted 15-20 years ago, how much more I could have contributed in this institution! I have been well oriented and motivated by this training. From today, I have started to convince other members of this HFMC and the community members for the purpose of strengthening this institution. I express my commitment to improve physical infrastructure and management capability of Embung Area Health Post as I can. This is all due to the training that I got recently. Thanks a lot to NRCS and ERFPEP for giving this opportunity"

- Desh Kumar Newang, HFMC member, Panchther

Project's Annual Review Meeting with NRCS

The joint program progress review and planning meeting of NRCS and ADRA Nepal was organized for three days at Biratnagar during September 2006. NRCS volunteers of six project districts, ADRA ERFPEP staff and NRCS headquarters management team attended the meeting. Discussions on target goals versus the actual achievements and budget vs. expenditure including activities in the match SMIP districts for the community mobilization activities were made. Additionally, the review, planning and budgeting issues for FY 07 have also been done for the community mobilization activities (September, 2006).

1.3 Technical Support and Capacity Building activities

- Participation of project team in internal Sustainability Framework Workshop. This workshop was

supported by New Era and ORC Macro, sustainability indicators were discussed in the workshop (December 2005),

- Strategic Health Communication and Advocacy Workshop supported by the Nepal Family Health Program. The BCC unit of NFHP agreed to provide technical assistance in the form of an intensive 7-day workshop. The ADRA core project team members, the NRCS program officers and SMIP social mobilization officers participated in the training. This workshop helped to plan and implement BCC activities in the field (December 2005),
- ERFPEP Project Director - Netra Prasad Bhatta participated in the community-based family planning training and program design, monitoring and evaluation workshop in Tanzania organized by USAID and CSTS+ (February 2006),
- Participation in Leadership Management and Sustainability Workshop (LMS). A few members of the project team participated in Leadership Management and Sustainability Workshop in Kathmandu organized by ADRA Nepal (March 2006),
- Participation in Operations Research Workshop (Maryland, USA). Erin Anastasi - Technical Advisor for Health- ADRA International, Project Director for Safe Motherhood Innovation Project (SMIP) - Madhu Sudan Satyal and M&E Officer - Rajendra Kumar Raut participated in a 10-day Operations Research Proposal Development workshop conducted by Population Council with support from USAID, CORE and CSTS+ (May 2006),
- Participation in Community-Based Family Planning Day. Project Director for Safe Motherhood Innovation Project (SMIP) - Madhu Sudan Satyal and M&E Officer - Rajendra Kumar Raut of ADRA Nepal participated in the Community-Based Family Planning Day in Washington DC and presented a draft OR proposal (May 2006),
- ADRA International Technical Advisor for Family Planning, Erin Anastasi visited the project to provide technical assistance to the project team and to assist with Operations Research and QIQ Training (June 2006),
- Conducted Voluntary Surgical Contraception (VSC) camp in Sankhuwasabha with coordination of the DHO. The FP training team visited the Sankhuwasabha district and conducted a five-day VSC camp with the help of District Health Office personnel. The FP training team had a chance to upgrade the health facility's services and assuring the quality of service (June 2006). A total of nine Minilap and Vasectomy clients benefited from the camp,
- Regular financial monitoring visits for the NRCS project district. The financial monitoring visits were conducted in the NRCS district chapters by the administration and finance officer of ADRA Biratnagar in three districts (Dhankuta, Udayapur and Panchthar). This helped ensure that previous comments and feedback (provided by ADRA) were being effectively followed-up, and provided guidance and support for the preparation of the Monthly Financial Report. (July-August 2006),
- Organized a data management workshop. The project team members of ADRA Biratnagar participated in the internal data management workshop at the Biratnagar country office to make a data entry template and upgrade knowledge and skills on SPSS (August 2006),
- BCC Refresher Training. A BCC refresher training during the 7-day strategic health communication and advocacy workshop was held. Six NRCS program officers and four ADRA project team members participated in the training and discussed key messages for family planning and ways to disseminate (September 2006),
- ADRA Project team supported the NRCS in developing the guidelines, content and manual for each community mobilization activity: HFMC TOT, FCHV Refresher Training, PE TOT, Annual Review Meeting, District Planning Meeting, etc. (October 2005-September 2006),
- Supervision and monitoring visits from ADRA regional level personnel. The ERFPEP project team has provided technical support to the NRCS district staff through onsite visits and regular communications.
- Supervision and monitoring visits from ADRA country level personnel. Technical support has

been provided to the ADRA regional level staff, NRCS central level staff and district level NRCS staff from the ERPPEP Project Director and ADRA Technical Advisor through onsite visit and communication on a regular basis.

1.4. Establishment of FP Training Center at Koshi Zonal Hospital

- Provide technical support and equipment donated to the Koshi Zonal Hospital. Essential equipment was donated to the Operating Theatre, Intensive Care Unit and Institutional Family Planning Service Center (IFPSC) at KZH. The donated equipment received from ADRA International included a general anesthesia machine, cardiac monitor, ventilator, and suction machine among others. The donated equipment has helped to strengthen the relationship with Koshi Zonal Hospital and the IFPSC (February - July 2006)
- Supported the upgrade of the training hall at Koshi Zonal Hospital. The project provided basic chairs and tables and other minor training supplies to support the training hall of KZH (December 2005). The clinical teaching models were provided by NHTC.
- Onsite coaching for KZH staff on FP for establishment of training center. Two staff nurses, two Auxiliary Nurse Midwives and two support staff were given onsite coaching on the clinical management of Family Planning (December 2005).
- First VSC training on Minilaparotomy was conducted in KZH. This newly established site was approved by the NHTC in February 2006.
- Case management training for STI conducted at KZH. As planned, this activity was carried out on the doctors and staff nurses of the project district during FY 06 (September 2006).

1.5 Coordination and collaboration with key stakeholders

- The project team focused on program sharing, coordination and collaboration with their partners and stakeholders. The project team is continuously dialoging over the program plan and updates the partners and stakeholders at the central, regional and district level throughout this second year of the project (October 2005 - September 2006).
- Monthly meeting with USAID Nepal mission. ERFPEP Project Director and sometimes the associate country director held monthly meetings with Sitaram Devkota and Anita Gipson to report project progress, challenges and successes (October 2005 – September 2006). The USAID mission personnel has given much assistance for the improvement of the project.
- Meet and share sessions. Sessions were held with different government departments to coordinate and collaborate for different project activities; Ministry of Health [Policy, Planning and Foreign Aid Division], Director General of Department of Health Services, Family Health Division, National Health Training Center, National Health Education and Information and Communication Center (NHEICC), Health Management Information Section, Center for AIDS and STD Control Division, and Regional Health Directorate (RHD), Regional Health Training Center (RHTC), (October 2005 – September 2006).
- Participation in the Safe Motherhood Innovation Project (SMIP). Meetings have been held to outline SMIP match activities for ERFPEP and provide input on promotion of Family planning related messages through safe motherhood community mobilization activities. The project team staff members have been participating in the Quarterly Review and Annual Review meetings of the SMIP and discussed match activities and key messages of family planning in match districts (October 2005 – September 2006).
- NHTC annual FP training planning meeting to outline the annual FP targets. Project staff participated in the finalization of the training plan for KZH during FY 07 and shared the experiences of FP training sites, problems faced and lessons learnt. The ERFPEP training coordinator also participated in this meeting. Strategies for upgrading the regional training center were also discussed and a request was made to the NHTC and UNFPA, by the USAID mission, to submit the plan for FP training for the period of 2007-2011 (August 2006).

- Case management training for trainers of STI. A request was made by the ERFPEP project staff to the National Centre for AIDS and STD Control (NCASC) and the World Health Organization (WHO) to carry out a TOT for case management of STI. The WHO agreed to provide financial support and the NCASC agreed to provide the technical support to the ADRA Nepal team. The subsequent session of STI TOT (in July 2006) was attended by the ERFPEP team and also government technical staff. Since the TOT session took place, the project team has already conducted an STI case management training at KZH to a group of trainers.

1.6 Assessments Conducted

- The Quick Investigation of Quality (QIQ) survey was undertaken in one Health Post and one Primary Health Center (PHC) of Dhankuta District. The project team conducted QIQ in two health facilities of Dhankuta district in this period. This activity continues and is expected to be finished on or before December 2006. Three sets of study tools; facility audit, observation and client exit interview were used to conduct this QIQ assessment (August - September, 2006).

1.7 Recruitment of staff

- A Quality Assurance (QA) officer, Shova Gurung, joined the project team in March 2006,
- A female doctor was recruited (November 2005) to support the FP service delivery in the IFPSC at Koshi Zonal Hospital, in Biratnagar. However she resigned in July 2006 to pursue further studies and the project team has been unable to replace her yet,
- The recruitment process is ongoing and it is hoped that a medical doctor and an ANM will be hired by end of October 2006.

1.8 Operation research

Operation research (OR) training was conducted in June 2006, followed by an OR draft proposal that was submitted to the Population Council Health Research committee. The OR study on IUCD will be conducted in four district hospitals located in the project districts: Dhankuta, Tehrathum, Sankhuwasabha, and Panchthar. The following is a brief outline of the Operations Research project to be undertaken:

Problem Statement

Based on the KPC baseline survey conducted by the project team, it was determined that the IUCD is under utilized in the project area due to inadequate knowledge of FP, socio-cultural barriers and limited availability of services. In order to address the issue an OR study was designed to test a strategy to increase IUCD use.

Objective of the study

To determine whether training service providers on the insertion and removal of IUCDs, counseling and decreasing socio-cultural myths combined with community mobilization to increase access to IUCDs, will increase new acceptors of IUCDs at the 4 district Hospitals in the ERFPEP districts.

Methodology

A time series design will be used to conduct this study. Observations will be made for 18 months both pre- and post-intervention with a starting point of November 2006, as illustrated in the following model:

$O_1 \text{ --- } O_{18} \times O_{19} \text{ --- } O_{36}$
 18 m 18 m

Strategies for dissemination

- Sharing of results at regularly scheduled meetings
- Advocacy with FHD, RHD, DHO

- Production and distribution of reports

Key expected audiences

- USAID mission
- Family health division (MOH)
- National health training center (MOH)
- Regional and District health authorities
- IUCD service providers
- Nepal Health Research council (NHRC)
- Other I/NGOs and project partners

1.9 SMIP match activities

As outlined in the ERFPEP proposal and DIP, ADRA Nepal's Safe Motherhood Innovation Project (SMIP) has overlapping community mobilization activities in the three project districts (Sankhuwasabha, Tehrathum and Dhankuta) that are considered as Match activities for the ERFPEP. During the implementation of activities family planning messages have been disseminated. The SMIP team has been provided with the FP key messages booklet. The following community mobilization activities are the specific match activities with SMIP:

Match Activities for ERFPEP from SMIP (Dhankuta, Tehrathum, Sankhuwasabha)					
Safe Motherhood Innovation Project			1 October 2005 - 30 September 2006		
Project Activity List			Match Districts		
ACTIVITIES		Units	Dhankuta	Tehrathum	Sankhuwasabha
1	Community Resources Mobilized				
	Reactivate HFMCs in the district	Committee	7	16	8
	Provide capacity building training to Health Facility Management Committees (HFMCs) to plan and implement safe motherhood initiatives (Three days)	Committee	16	16	8
	Strengthen and mobilize mothers group at all wards and NGOs / Cobs at all VDCs	Group	2	20	8
	Support quarterly meetings of HFMC	VDCs	35	39	4
	Support annual review meetings of HFMC	VDCs	10	12	0
	Celebration of National Safe Motherhood Days	Time	3	4	1
	Celebration of breast feeding week	Time	0	0	1
	Celebration of Traditional Women's Day festival	Time	0	0	1
	Celebration of International women's day	Time	0	0	1
	Celebration of FCHVs day (Distribution of Identity card)	Time	0	0	1
	Conduct FCHV SM refresher training and mobilization (342 FCHVs)	session	338	396	471
2	Conduct community level IEC and BCC on safe motherhood				
	Conduct master TOT on Birth Preparedness Package ADRA and DHO staff (Regional level)	Time	0	0	1
	Conduct Birth Preparedness Package Training to HA, staff nurse and DHO supervisor (District level, 2 days)	Person	0	0	5
	Conduct Birth Preparedness Package Training to AHW and ANM (District level, 2 days)	Person	0	0	13
	Conduct Birth Preparedness Package Training to VHW and MCHW (District level, 2 days)	Person	0	0	3
	Conduct Birth Preparedness Package Training to mobilizers in VDCs (FCHV, TBAs, 3 days)	Person	41	260	18

	Distribute key chain card to mobilizers for pregnant mothers	Person	2680	3553	9084
	Develop and broadcast SM radio messages	Time	0	0	0
	Research, design, print and distribute IEC and BCC materials	Time	0	0	0

1.10 Summary description of the next year's main activities:

The following activities, begun in FY 06, are expected to be completed in FY 07. These are first outlined in the table below. However, there are three additional activities outlined below:

- Program and budget review for remaining period of ERFPEP project in October 2006,
- Quick Investigation of quality (IQI), due to be completed on or before December 2006,
- Operational Research on IUCD in four district hospitals as indicated in the proposal.

ADRA-NEPAL Eastern Regional Family Planning Expansion Project (ERFPEP) DETAILED PLANNING OF THE PROJECT FOR THIRD YEAR

DETAILED PLANNING OF THE PROJECT FOR THIRD YEAR																
S.N.	Activities	Units	Year	October 2006-September 2007												Annual Target
				1st QTR			2nd QTR			3rd QTR			4th QTR			
				O	N	D	J	F	M	A	M	J	J	A	S	
A	Community Mobilization (IR:1)															
1	Capacity Building Training for HFMC	HF.	2&3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	66
2	Refresher Training to HFMC	HF.	3&4				✓	✓	✓	✓	✓	✓	✓	✓	✓	78
3	Sponsor quarterly meeting of HFMC	HF.	2,3,4&5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	423
4	Sponsor annual meeting of HFMC	HF.	2,3,4&5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	141
5	Conduct FCHV review meeting	Persons	2,3,4&5						✓							2540
6	Establish Men's Groups and provide FP and RH training	Group	2,3,4&5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
7	Quarterly meeting with men as partner	Group	2,3,4&5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	30
8	Establish Youth/JRCs groups and provide training	Group	2,3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	75
9	BCC Activities	Event	1 to 5													
10	Orientation to health teachers on FP/health education	Persons	2,3,4&5			✓	✓	✓	✓	✓	✓				✓	300
11	Peers Educators training	Persons	2&3			✓	✓	✓	✓	✓					✓	150
12	Reactivate and strengthen District Reproductive Health Coordination Committee (DRHCC)	No.	2,3,4&5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12
13	Project's annual review meeting (Regional)	Times	2,3,4&5						✓						✓	1
14	Project's annual review meeting (districts)	Times	2,3,4&5											✓		6
15	Reporting-Monthly, Quarterly and Annually (Stat/Narrative)		All	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
B	Family Planning Training (IR:2)															
1	Minilap Training	Session	2,3,4&5		✓	✓	✓							✓		3
2	Non Scalpel Vasectomy (NSV)	Session	2,3,4&5		✓	✓	✓	✓						✓	✓	2
3	Norplant Insertion/Removal Training	Session	1 to 5		✓	✓	✓	✓	✓	✓	✓			✓	✓	2
4	IUCD Insertion/Removal Training	Session	1 to 5		✓	✓	✓	✓	✓	✓	✓			✓	✓	3
6	FP Refresher Training	Session	2,3&4		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11
7	STI Case Management	Session	2,3&4							✓		✓				0
C	Quality Assurance (SO:3)															

1	COPE Training to health facility staff	Session	2,3,4&5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	18
2	Quality assessments through community COPE	Times	2,3,4&5			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10
3	QIQ assessment	Sites	3&5		✓	✓	✓									35

2. Challenges and constraints faced in the Second Year

2.1 Community Mobilization Activities

- Supervision and monitoring was at times curtailed due to a threatening environment because of conflict and political instability throughout the country.
- Scheduling conflicts with government staff to complete activities on time.

The ERFPEP project team has maintained a low profile and as often as possible has made joint supervisory visits with NRCS and DHO. Support was also given to the districts via telephone communications and email. Staff from the central NRCS level was also able to visit the project districts to give support.

2.2 FP Training

- Training targets are allocated by the NHTC as part of their national training targets. In FY 06, the training targets set by the NHTC fell short of goals set by the ERFPEP project. The ERFPEP project staff did have the capacity to conduct more trainings. For this reason the FP training goal was not met.
- The training application process employed by the NHTC and the districts takes a long time since the districts have to request training in writing to the NHTC via the RHTC and the FHD. However, the project team has made significant contributions of assistance to the districts so that they can coordinate with the RHD, FHD and NHTC to ensure that the project districts receive priority for FP training.
- The NHTC has significantly reduced (> 40%) the annual FP training targets for the coming year. Therefore it will again be impossible to achieve the ERFPEP FP training targets for FY 07.
- Due to very low client flow for male permanent sterilization, training on No scalpel vasectomy (NSV) was not possible at Koshi Zonal hospital during FY 06. However, a regular service for NSV at KZH will be offered in the hopes that client flow will increase as the community learns about the option and as clients served express satisfaction with the quality of the services offered. Presently, NSV training was conducted at the ADRA Nepal training site of Banepa because there were enough clients for the procedure. However, training for NSV will be conducted at KZH for FY 07 since there now appears to be an increasing flow of clients that are asking for NSV.

The National Nepal FP training targets for FY 06/07, determined by NHTC, have decreased by 40% as compared to the previous year. This means that ERFPEP might need to consider allocating additional training budget for conducting FP training in the six project districts or the project might not be able to achieve the FP training goals initially outlined in the DIP. This issue will be considered during the proposed budget revision.

2.3 Quality Assurance Activities

- Although the COPE TOT was planned for the 1st quarter of this year, it was not conducted until the 3rd quarter due to the country-wide strike and political instability. As a result the application of COPE to the health facilities was delayed.

2.4 Security

- The conflict in Nepal had been intensifying over the last few years and had affected most of Nepal to varying degrees. The strikes, demonstrations, violence between security forces and Maoists and political insecurity have often hampered development efforts by decreasing access to project areas in addition to deteriorating the quality of life of the Nepalese people,
- In April of 2006 there was a mass movement by the people which lasted for 19 days. It disrupted all transportation and movement in the country. During this period all planned project activities were delayed until the situation improved.
- The disruption to mass movement has impacted the project in the following ways:
 - No access to project districts by project staff and vehicles,
 - Delay in project activities and meetings due to strikes and transportation blockades.
- Actions taken to address security:
 - The project team has been continuously following ADRA's Security Guidelines (As presented in the DIP),
 - The project team is constantly communicating with the UN Office for the Coordination of Humanitarian Affairs (OCHA), INGOs, NGOs, and Government Departments to update the security situation,
 - The project team is working on a "low profile" approach with no logos or project identification on vehicles, offices or equipment that will draw unnecessary attention to the project and project staff during the conflict situation.

At this time however, the political and security situation of the country has improved dramatically due to the restoration of democracy and the bilateral ceasefire. The project team has been able to implement the project activities without interruptions since May 2006.

3. Lessons Learnt

- The role of Men as Partners (MAP) groups has been crucial. Their support of the mother's group meetings has been instrumental in their being accepted and has resulted in an accepting environment for the discussion of FP/RH issues among families and spouses.
- The continuous coordination and collaboration among local government health institutions at all levels by the ERFPEP project staff have resulted in support for project activities from these entities.
- Peer education is an effective means of communicating to youth and adolescents about family planning, RH and HIV/AIDS issues because youth are influential in their families, schools and community. In addition, this is also a cost effective means of reaching to a large population as almost half of the Nepal population is under 24 years of age.
- To provide successful training and quality FP services, there is a need to coordinate with other INGOs working in the local community. For instance, during the first VSC services and training sessions at Koshi Zonal Hospital (KZH), the project received excellent support from UNFPA and this collaboration has led the project to plan more VSC camps in different target districts in collaboration with the RHD, DHOs and UNFPA. This collaboration can create the synergy needed to achieve project objectives and increase project impact.
- During the COPE orientation, the project team learned that the quality of FP services can be improved with minimal budget by making use of local resources. One of the first health facilities that participated in the training introduced a "first-come, first-served" approach to providing FP services through a token system. The feedback from clients said that they were very happy with this system. The self-assessment helped to assess that there was a lack of privacy for the clients and a curtain was used as a partition to maintain privacy even though there were limited rooms. The health facilities that have participated in COPE training have found it useful for

identifying problems and finding appropriate solutions to improve the quality of family planning services and client satisfaction.

4. Technical assistance received

The Project team has received technical assistance from the following main sources during the second year of the project implementation period:

4.1. Nepal Family Health Program (NFHP)

A good relationship exists between ADRA Nepal and the NFHP and every effort has been made to ensure that the project team learns from their implementation experience. ADRA Nepal has formally requested and received technical assistance from the NFHP in the following three areas:

a) Client Oriented Providers Efficient (COPE) TOT

The COPE TOT was conducted with technical support from the NFHP. The main objective of the training was to improve the quality of FP services by producing skilled human resources on the COPE method, which will be a major quality assurance tool in selected health facilities of the ERFPEP districts. Altogether 20 participants from ADRA Nepal, BNMT, DHO and NRCS partook of the training. All participants are expected to provide the COPE orientation to Health Facility (HF) staff and applying community and HF COPE. A detailed concept paper has been developed by the project team with the technical support of NFHP. This document outlines the whole process of the COPE and has been used as a communication document with the six DHOs and the NRCS in the project districts.

b) Men as Partners (MAP) TOT

The project provided a three day Training of Trainers (TOT) for MAP to the district health office and NRCS staff. The technical assistance for this training was provided by NFHP to the ERFPEP team. This technical assistance has enabled the NFHP team to share their lessons learned from the MAP implemented in their target districts. The main objective of the TOT was to develop skilled human resources for MAP training to be conducted at the community level and to promote men's involvement in family planning. All districts are placing a special focus on hard to reach areas and on the satisfaction of family planning clients. Training on the importance of male involvement will be given to the MAP group members by trained project staff. It is expected that the newly trained group members will contribute to the strengthening of male involvement in family planning programs through various types of community groups. The group members will communicate and advocate regarding the importance of male involvement in family planning counseling and services and serve as role models.

c) Strategic Health Communication and Advocacy Workshop

The BCC unit of NFHP agreed to provide technical assistance in the form of an intensive 7-day workshop. The core project team members, the NRCS program officers and SMIP social mobilization officers participated in the training. This workshop helped to plan and implement BCC activities in the field.

4.2. Nepal USAID Mission

ADRA Nepal has had a long standing and good relationship with the local USAID mission. The Nepal USAID Mission is dedicated to the development of its implementing partners. The USAID technical person has provided continual support to the project and visited the project during June of 2006.

4.3. ADRA international

Technical Advisor for FP / Population Leadership Program Fellow: Erin Anastasi is the Technical Backstop for the ERFPEP project and has visited ADRA Nepal. She has provided invaluable support to the organization and the project. She provided technical assistance on Operations Research (OR) and Quick Investigation of Quality (QIQ) as follows:

The QIQ and OR orientation were conducted during the third week of June. The training helped to finalize the ERFPEP OR proposal which was drafted during OR training in the USA during the month of May. After the OR training, team members have been assigned with specific roles and responsibilities, which will help to effectively carry out the OR study.

Three days of QIQ training followed the OR training. This training helped to review and update the three types of data collection tools of QIQ and it was tested in the field. This was a good opportunity for the ERFPEP and SMIP staff to build up their capacity on OR and QIQ.

5. Modifications to the DIP

5.1 Peer Educators Training

The main expected outcome of the peer educator training is to mobilize youth as peer educators to address FP and STI message with their peers. It is also expected that the selected trained peer educators will form peer groups in the community to share and discuss their problems, interact and counsel, and identify possible solutions for family planning, reproductive health and HIV/AIDS and STIs. This activity prepares male and female youth (15-24 years of age) and gives them tools to access the problems of their peers and suggest solutions. This training will strengthen youth involvement in the family planning program through various types of community groups. The peer educator group members will communicate within their circle about the importance of youth family planning counseling and services and serve as role models.

After discussion with the DHO, NRCS and Trainers group, it was agreed that one day of PE training is not sufficient to achieve this goal. One day of training was written into the DIP, however it has been decided that the PE training will be increased to two days in order to cover the complete content of the training.

5.2 Participatory Learning and Action (PLA)

One training session of PLA was planned in each district during the life of the project. NRCS conducted two training sessions during FY 06. PLA is meant to strengthen the capacity of community youths and it was planned to conduct this training in target districts. The assumption was that the trained youth group could be mobilized in assessing and prioritizing their needs at the community level. But after the first training had been conducted the project team observed that the trained groups were not able to significantly contribute to community mobilization. Therefore, in consultation with partners and stakeholders, it has been agreed to discontinue this activity and allocate the budget to the peer educator training.

5.3 Health Facility Management Committee (HFMC) Refresher TOT

The HFMC refresher TOT was planned for the third and fourth year of the project period. However, in the three match districts with the SMIP they had already given capacity building training to the HFMC members. In recently held HFMC TOTs, the project staff felt that the HFMC refresher TOT is not a priority in comparison to other important issues. Therefore, this activity has been modified and the budget adjusted to increase the number of Men as Partner (MAP) groups and providing them with two days of training.

5.4. Men As Partner (MAP) Training

The MAP is an initiative to enhance the role of men in Reproductive Health (RH) and FP, through raising awareness among men on their reproductive health, and enhancing communication skills among couples. This training is known as men's responsibility, men's participation, male motivation, male involvement and men and RH. Whichever term is used the purpose is to describe a complex process of social and behavioral change that is needed for men to play a more responsible role in FP. MAP strategy helps to encourage men to take more responsibility for their sexual behavior because men's behavior puts women at risk. Therefore, it is recognized that reaching men is a winning strategy, offering benefits for the reproductive health of both men and women.

Due to the importance and potential demand for mobilizing Men's groups to promote FP services, the project team discussed and agreed that the MAP groups are a priority activity and thus needed to be expanded throughout our project.. As written in the DIP it had been planned to form a men's group in each district per year and provide them with a three-day training. But it has now been agreed that two or more groups will be formed in each district and each will be provided with two days of training on FP and RH.

6. Child Survival Sustainability Approach Framework

The project team reviewed and developed sustainability indicators and prepared the dashboard with technical assistance provided by New Era. New Era shared a Nepali version of the CSSA framework with the project team and Koshi Zonal Hospital. The USAID local mission arranged a two-day sustainability workshop which was supported by ORC MACRO and New Era. The ERFPEP project team presented the sustainability framework of the project and then shared this framework with the NRCS and DHO in the district level. The dashboard analysis helped to prioritize the project activities that would support organizational capacity development especially at the community level as this will be key in the sustainability of the impact of the project. It is expected that the dashboard will be reviewed yearly as a monitoring tool. Based on the sustainability framework; the project is providing the capacity building for the Koshi Zonal Hospital in terms of FP training and service center.

7. Partners Capacity Building

During FY 06, the NRCS and DHO participated in the following activities and it is believed that these activities increased the capacity of the partners in terms of FP issues:

- Men As Partners (MAP) TOT to DHO, NRCS and ADRA Nepal staff,
- Client Oriented Providers Efficient (COPE) TOT to DHO, NRCS and ADRA Nepal staff,
- Behavior Change Communication (BCC) TOT to NRCS and ADRA Nepal staff,
- Health Facility Management Committee (HFMC) TOT to DHO, NRCS and ADRA Nepal staff,
- Peer Educators TOT to NRCS staff and volunteers,
- Child Survival Sustainability Assessment (CSSA) Framework workshop with ADRA and NRCS staff,
- BCC refresher workshop to the NRCS and ADRA staff,
- Participatory Learning and Action (PLA) training to youth groups,
- Monitoring visits from ADRA to the districts an coaching and mentoring to the NRCS and DHO staff.

8. Indicators Reporting Table

8.1 Service Statistics (core indicators in bold)

Indicator	Number	Dates Covered	Percent	Data Source/ Time Covered
Total number of beneficiaries program				
IR1. Couple-years of protection (CYPs) (per year)	91845 (all methods)		43.05 (CYP as % of MWRA)	Annual Report Department of Health Services (HMG): 2004/2005
IR2. Number of users new to contraception (per year)	18638 (all spacing methods)		8.73 (New acceptors as % of MWRA)	Annual Report Department of Health Services (HMG): 2004/2005
R2.1 % of clients who receive adequate counseling				After conducting QIQ, the data will be inserted
R2.2 % of facilities offering three or more methods				After conducting QIQ, the data will be inserted
R3.1 % of population who live within 5 km of a FP service delivery point				After conducting QIQ, the data will be inserted
R3.2 % of facilities reporting no stock outs in the last quarter				After conducting QIQ, the data will be inserted
R4.1 Program sustainability plan in place				After conducting QIQ, the data will be inserted
Optional indicator				
% Of DRHCCs holding quarterly meetings	18/24		75%	All project districts
% Of HFMC holding monthly meetings	70/312		22.4%	Non match districts- Quarterly report

8.2 Population-Based Survey Indicators (core indicators in bold)

Indicator	Percent
IR3. Contraceptive use among WRA	
IR4. Unmet need for family planning	45.8 Eastern Development Region (NDHS, 2001)
IR5. Adequate birth spacing	N/A
R1.1 % respondents who know about at least three methods of family planning	N/A

R1.2 % mothers with children < 12 months who received counseling about birth spacing	
R1.3 % of sexually active respondents who report discussing family planning with their spouse or sexual partner in the past 12 months	44.7 women 47.3 Men KPC survey, 2005
R2.1 % respondents who received adequate counseling	
R3.1 % of beneficiaries that live within 5 kilometers of a family planning service delivery point	47.5 KPC survey, 2005
R3.3 % of respondents of reproductive age who report discussing family planning with a health or family planning workers or promoter in the past 12 months	18.7 Women 12.0 Men KPC survey, 2005
Optional indicators	
Increase %of target population who report obtaining FP health messages from mass media campaign (radio broad cast programs)	92 KPC survey, 2005

9. Project Work Plan

USAID PVO/NGO FAMILY PLANNING & REPRODUCTIVE HEALTH FLEXIBLE FUND

Annual Report Work plan Table⁷

Year Covered by Report: October 1, 2004 to September 30, 2009

INTERMEDIATE RESULT 1: INCREASED KNOWLEDGE AND INTEREST IN FAMILY PLANNING

INTERMEDIATE RESULT 1: INCREASED <u>KNOWLEDGE AND INTEREST</u> IN FAMILY PLANNING														
MAJOR ACTIVITIES	Year 1				Past Year - 2				Future Years			ACTIVITY COMPLETED? ⁵ Y/N	Comments	
	1	2	3	4	1	2	3	4	Y	3	4			5
KNOWLEDGE AND INTEREST														
National Policy Level <i>(Coordination with Stakeholders, including Ministry of Health (MoH), other Public Sector, Multilateral Donors (USAID, etc.), Development Organizations and other PVOs/NGOs, Private Sector, etc.)</i>														
Regional/Department Level <i>(Coordination with Stakeholders (Department MoH, other Public Sectors, Private Sector, local NGOs, and community groups))</i>														
1 (3). TOT to government and NGO/NRCS staff on HFMC capacity building training-5 days (HMG, NGO, NRCS) (IR:1)												Y		
2 (4). Refresher TOT -3 days (IR:1)														This activity has been omitted
3 (16).TOT on Peers Educator training (1 group - 3 participants/district)-5 days (IR:1)												Y		
4 (20) Project's Annual Review Meeting (6 Districts) (IR:1)												Y		
5 (22).Reporting-Monthly, Quarterly, and Annually (Statistical and Narrative) (IR:1 , 2 and 3)												Y		Quarterly and annual
District/Municipality Level <i>(MOH, Public and Private Facilities, local NGOs, and community groups)</i>														
1. Capacity building training/orientation in community mobilization for existing NRCS staffs, chapters and volunteers - (NRCS working committee, chapter, sub-chapter) (IR: 1)												Y		
2. District level stakeholders planning meeting (NRCS, ADRA, DHO, DDC, DEO) (IR:1)												Y		
3(13). Establish Youth /JRCs Groups and provide training 25/district (IR:1)												Y		
4(15). Orientation to Health Teachers on FP/ health education (300) -1 day (ref. years 3 & 4) (IR:1)												Y		
5(18).Participatory Learning and Action (PLA) training (youth groups) – 4 days (60 for 6 dist.) (IR:1)												Y		This activity was conducted in two districts and the team has planned not to continue this activity and adjust the budget with other activity.
6(21). Project Semi-Annual Review Meeting of NRCS with ADRA, DHO, PHO (2 times in each districts) (IR:1)												Y		

Community/Household Level <i>(community health workers and educators, community-based distributions agents (CBDAs), support groups, etc)</i>													
1(5). Capacity building training Health Facility Management Committee (HFMC) – 3 days/ training (IR: 1)												Y	
2(6). Refresher training to Health facility management committee (HFMC) 2 days (IR: 1)												N	This activity is no longer required.
3(7). Sponsor quarterly meeting of HFMC – 1 day (IR: 1)												Y	
4(8). Sponsor Annual Meeting of Health Facility management Committee (HFMC) – 1 day (IR: 1)												N	Will be conducted in the next year
5(9). Conduct Female community health volunteer (FCHVs) review meeting 1 day a year (IR: 1)												Y	
6(10). Facilitate capacity building in community mobilization for existing Mothers’ Groups (IR:1)												Y	
7(11). Establish Men’s Groups and provide Family Planning and reproductive health (RH) training – 3 days 10 Groups/per district (IR:1)												Y	
8(12). Quarterly meeting with men as partners - 1 Day - 3 times per year (10 groups per district) (IR:1)												Y	
9(14). Support and mobilize youth groups, FCHVs in carrying out –FCHV day, Condom day, AIDS Day and street drama and other social mobilization activities (each district to plan their own activities) (IR:1)												Y	Celebration of Teej festival (a special festival of women), Breast feeding week celebration, World Women’s day, Folk songs competition etc.
10(17). Peer educators training (total 300) –1day training (IR:1)												Y	

Please note that the Annual Work plan Table is derived from the original PIP Work plan.

1 "Past Year" is the year covered by this report.

2 "Future Years" next year and complete as per number of years of the program.

3 Only address activities that were planned for the year covered in the Annual Report.

USAID PVO/NGO FAMILY PLANNING & REPRODUCTIVE HEALTH FLEXIBLE FUND

Annual Report Work plan Table¹

Year Covered by Report: October 1, 2004 to September 30, 2009

INTERMEDIATE RESULT 2: IMPROVED QUALITY OF FP SERVICE DELIVERY IN FACILITIES AND IN THE COMMUNITY														
MAJOR ACTIVITIES	Year 1				Past Year - 2				Future Years			ACTIVITY COMPLETED? ⁵ Y/N	Comments	
	1	2	3	4	1	2	3	4	3	4	5			
IMPROVED QUALITY														
National Policy Level <i>(Coordination with Stakeholders, including Ministry of Health (MOH), other Public Sector, Multilateral Donors (USAID, etc.), Development Organizations and other PVOs/NGOs, Private Sector, etc.)</i>														
Regional/Department Level <i>(Coordination with Stakeholders (Department MOH, other Public Sectors, Private Sector, local NGOs, and community groups))</i>														
District/Municipality Level <i>(MOH, Public and Private Facilities, local NGOs, and community groups)</i>														
1. FP Refresher Training (IR:2)													Y	
2. COPE TOT (IR:2)													Y	
3. Joint participatory supervision visits conducted once a quarter in each district (IR:3)													Y	
Community/Household Level <i>(community health workers and educators, community-based distributions agents (CBDAs), support groups, etc)</i>														
1. Perform quality assurance assessment (IR:3)													Y	Completed in three health facilities
2. COPE training (HF) staff (IR:3)													Y	
3. Quality assessment through community COPE (IR:3)													Y	Initiated at three health facilities
4. Focus on men and youth friendly services (IR:3)													N	This activity is covered by MAP

1 Please note that the Annual Workplan Table is derived from the original PIP Workplan.

2 "Past Year" is the year covered by this report.

3 "Future Years" next year and complete as per number of years of the program.

4 Only address activities that were planned for the year covered in the Annual Report.

USAID PVO/NGO FAMILY PLANNING & REPRODUCTIVE HEALTH FLEXIBLE FUND

Annual Report Work plan Table¹

Year Covered by Report: October 1, 2004 to September 30, 2009

INTERMEDIATE RESULT 3: INCREASED ACCESS OF COMMUNITIES TO FAMILY PLANNING SERVICES

INTERMEDIATE RESULT 3: INCREASED <u>ACCESS</u> OF COMMUNITIES TO FAMILY PLANNING SERVICES															
MAJOR ACTIVITIES	Year 1				Past Year - 2				Future Years				ACTIVITY COMPLETED? ⁵ Y/N	Comments	
	1	2	3	4	1	2	3	4	3	4	5				
INCREASED ACCESS															
National Policy Level <i>(Coordination with Stakeholders, including Ministry of Health (MOH), other Public Sector, Multilateral Donors (USAID, etc.), Development Organizations and other PVOs/NGOs, Private Sector, etc.)</i>															
1.Clinical Training Skill (CTS) (IR:2)														Y	
Regional/Department Level <i>(Coordination with Stakeholders (Department MOH, other Public Sectors, Private Sector, local NGOs, and community groups))</i>															
1. Minilap Training (IR:2)														Y	
2. Non Scalpel Vasectomy (NSV) (IR:2)														Y	
3. Norplant Insertion/Removal Training (IR:2)														Y	
4. IUCD Insertion / Removal Training (IR:2)														Y	
5. COFP/Counselling Training (IR:2)														Y	
6. STI Case Management Training (IR:2)														Y	
District/Municipality Level <i>(MOH, Public and Private Facilities, local NGOs, and community groups)</i>															
Community/Household Level <i>(community health workers and educators, community-based distributions agents (CBDAs), support groups, etc)</i>															

- 1 Please note that the Annual Work plan Table is derived from the original PIP Work plan.
- 2 "Past Year" is the year covered by this report.
- 3 "Future Years" next year and complete as per number of years of the program.
- 4 Only address activities that were planned for the year covered in the Annual Report.

USAID PVO/NGO FAMILY PLANNING & REPRODUCTIVE HEALTH FLEXIBLE FUND

Annual Report Work plan Table¹

Year Covered by Report: October 1, 2004 to September 30, 2009

INTERMEDIATE RESULT 4: IMPROVED <u>SOCIAL AND POLICY ENVIRONMENT</u> FOR FP/RH SERVICES AND BEHAVIORS														
MAJOR ACTIVITIES	Year 1				Past Year-2				Future Years 4,5				ACTIVITY COMPLETED? ⁵ Y/N	Comments
	1	2	3	4	1	2	3	4	3	4	5			
SOCIAL AND POLICY ENVIRONMENT														
National Policy Level <i>(Coordination with Stakeholders, including Ministry of Health (MOH), other Public Sector, Multilateral Donors (USAID, etc.), Development Organizations and other PVOs/NGOs, Private Sector, etc.)</i>														
Regional/Department Level <i>(Coordination with Stakeholders (Department MOH, other Public Sectors, Private Sector, local NGOs, and community groups))</i>														
District/Municipality Level <i>(MOH, Public and Private Facilities, local NGOs, and community groups)</i>														
19.Reactivate/Strengthen District Reproductive health Coordination committee (DRHCC) (IR:1)												Y		
Community/Household Level <i>(community health workers and educators, community-based distributions agents (CBDAs), support groups, etc)</i>														

- 1 Please note that the Annual Work plan Table is derived from the original PIP Work plan.
- 2 "Past Year" is the year covered by this report.
- 3 "Future Years" next year and complete as per number of years of the program.
- 4 Only address activities that were planned for the year covered in the Annual Report